

Oregon Department of Consumer and Business Services

Division of Financial Regulation

350 Winter St. NE, Rm. 410, Salem, Oregon 97301

Mailing address: P.O. Box 14480, Salem, OR 97309-0405

503-947-7300 • Fax: 503-947-7862

dfr.ndp.licensing@dcbs.oregon.gov

dfr.oregon.gov



CERTIFIED PROVIDER APPLICATION

Certified provider requirements: A provider may not engage in prearrangement sales or preconstruction sales unless the provider is certified by the director of the Department of Consumer and Business Services. By completing this application, the provider is requesting to be a certified provider.

A certified provider is any funeral home or cemetery provider offering for sale prearrangement or preconstruction sales contracts in which the consumer’s purchase funds are placed with a master trustee or depository. In certain situations, a funeral home or cemetery administering, but not actively selling, prearrangement trust funds at time of need, may need to be a certified provider.

The certified provider must file an annual trust fund report on trust fund activity (Form 440-4014), due in April each year. Additionally, the certified provider must annually pay \$5 per contract to support the Funeral and Cemetery Consumer Protection Trust Fund (Form 440-4013), due in January each year.

Failure to become a certified provider: The Oregon Mortuary and Cemetery Board will not register salespeople to engage in prearrangement sales or preconstruction sales unless the funeral or cemetery location has been issued a certificate to be a certified provider.

Additionally, the director of the Department of Consumer and Business Services may issue a cease-and-desist order to an uncertified provider conducting sales activities and send notice to the Oregon Mortuary and Cemetery Board and to the attorney general.

Exceptions: Endowment care cemetery providers making prearrangement sales or preconstruction sales should refer to ORS 97.927 and ORS 97.929.

Trust deposits: All trust deposits must be placed in a depository or delivered to a master trustee within five days of receipt. A provider must have an agreement with a master trustee or depository when the certified provider application is submitted.

Examination of records: Each certified provider that is or should be certified is subject to an examination by the director. The provider will pay the director all fees and costs of the examination.

Governing statutes and rules: Oregon Revised Statute 97.923 through 97.949 and Oregon Administrative Rules Chapter 441 Division 930

Questions? Call 503-378-4140.

More information: <https://dfr.oregon.gov>.



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61260/1008

CERTIFIED PROVIDER APPLICATION
Prearrangement Plans
 ORS Chapter 97; OAR 441-930

Fee: \$390

1. Business name: _____ Owner/manager name: _____
 Federal Employer Identification Number (EIN): _____
 Corporate mailing address: _____
 City, state, ZIP: _____
 Business phone: _____ Business fax: _____
2. Assumed business name (ABN), if applicable: _____
 Address where business is conducted (P.O. Box not acceptable): _____
 City, State, ZIP _____
 Business phone: _____ Business fax: _____
 Business email: _____ Contact name and title: _____
 Mailing address (if different than where business is conducted): _____
 City, state, ZIP: _____
3. a) Master trustees — *attach additional information, if necessary.*
 Name: _____ Phone: _____
 b) Depository (master trustee not appointed) — *attach additional information, if necessary.*
 Name: _____ Phone: _____
 Contact name: _____

Continued on next page

Secure fax for credit card payments:
503-947-2333

If paying by credit card, applicant must sign credit-card information box.

Make check or money order payable to Oregon
Division of Financial Regulation.

Mail application with payment to:

DCBS — Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Phone: _____
Credit card number	Expiration date	
Name of cardholder as shown on credit card		
Cardholder signature	\$	Amount

Fiscal use only: 92700/93080/1001



4. Provide the following with your application:

- a. Copy of the current Oregon Mortuary and Cemetery Board license. The license must be in the same name as the applicant.
- b. Proof of business registration with the Oregon Secretary of State.
- c. A completed and signed Criminal Background and Credit Check Authorization.
(This information will be used for identification purposes only in a criminal background check.)
- d. **For providers who have not appointed a master trustee, financial statements, including** balance sheet, statement of income or loss, statement of changes in shareholder equity, and statement of changes in financial position. An independent certified public accountant must prepare all financial statements in accordance with generally accepted accounting procedures. If the audited financial statement is more than six months old, provide an internally prepared statement for the most recent month-end.
- e. A statement of contracts held or obtained before submitting this application. The statement **must include** the following information:
 - 1. Beneficiary and purchaser name
 - 2. Contract number
 - 3. Contact date
 - 4. Contract amount
 - 5. Guaranteed or nonguaranteed
 - 6. Irrevocable or revocable
 - 7. Beginning and year-end balance
 - 8. Date of any withdrawal within the reporting period and the reason

Social Security numbers are not required; if you include them, only show the last four numbers.

5. Describe the type of services and merchandise offered:

6. Is this business an endowment care cemetery (ORS 97.810-97.994) or an irreducible fund cemetery (ORS 65.860)?

Yes No

If "Yes," complete the following:

Do you sell graves, crypts, or niches in existence at the time of the sale or agreement to sell? Yes No

Do you sell crypts or niches not in existence at the time of the sale or agreement to sell? Yes No

Do you sell burial vaults or markers for installation? Yes No

I certify that the information contained in this application is current and correct.

Name (type or print): _____

Title of applicant (type or print): _____

Signature: _____ Date: _____





CRIMINAL BACKGROUND AND CREDIT CHECK AUTHORIZATION

Each member, partner, officer, director, or principal; owner of 10 percent or more of the corporation; owner if applicant is an entity other than a corporation; and proposed manager of the location must complete and sign the following:

First name:			Middle name:			Last name:		
Name of company:								
Home phone:				Office phone:				
Home address:				Office street address:				
City:		State:	ZIP:		City:		State:	ZIP:
Home mailing address, if different:				Office mailing address, if different:				
City:		State:	ZIP:		City:		State:	ZIP:
Date of birth (mm/dd/yy):				Position or title:				
Social Security number:				Email:				
Driver license number and state:				Percentage of ownership: %				
ATTACH A RESUME OF THE PAST FIVE YEARS OF WORK EXPERIENCE								
Have you been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:								
Have you been convicted of a misdemeanor for fraud, misrepresentation, or deceit? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:								
Have you been the subject of an administrative action in any state that resulted in civil penalties or action taken against a license you held? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:								
Have you had any entry of any money judgments that are not paid in full? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:								
Have you filed for voluntary or involuntary bankruptcy protection? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:								

I certify that the information I have provided is current and accurate as of the day it was signed, and I understand that my signature authorizes an investigative consumer report as defined in the Fair Credit Reporting Act (15 USC 1681 et seq.).

 Signature _____
 Date